



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of L. Leonard Hacker

Serial No.: Not yet assigned

Group Art Unit:

Filed: Herewith

Examiner:

For.:

PATIENT-CONTROLLED MEDICAL INFORMATION SYSTEM AND

**METHOD** 

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As below inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, sole and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled PATIENT-CONTROLLED MEDICAL INFORMATION SYSTEM AND METHOD, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim the benefit under 35 U.S.C. § 119(e) of United States provisional application no. 60/176,151, filed January 14, 2000

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby appoint the following attorney(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Jon L. Roberts
Registration No. 31,293
John K. Abokhair, Esq.
Registration No. 30,537
Kevin L. Pontius
Registration No. 37,512
Christopher B. Kilner
Registration No. 45,381
Roberts Abokhair & Mardula, LLC
11800 Sunrise Valley Drive
Suite 1000
Reston, Virginia 20191-5302
(703) 391-2900



Citizenship: <u>U.S.A.</u>



I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor <u>L. Leonard Hacker</u>	
Inventor's Signature floral fail Date	3/15/00
Residence Washington, D.C.	·
Post Office Address: 319 9th Street, S.E.	<u> </u>
Washington D.C. 20003-2116	